



National Eligibility Workers Association:
Professionals Associated Through Human Services
34TH ANNUAL TRAINING CONFERENCE

AUGUST 16TH - AUGUST 19TH, 2009

NEW: PATHS 2 NEW ORLEANS AND ALL THAT JAZZ

Hotel Information
 Hilton New Orleans Riverside Hotel
 #2 Poydras at the River
 New Orleans, LA 70140
 Phone 504-561-0500 ask for reservations and
 the group code NEW or online via NEW's
 website: www.nationalnew.org
 Hotel Reservations must be made directly
 with the hotel - not with this form -
 Room Rate is \$119.00 plus tax 13% tax +\$3.00 fee
Reservations must made by
July 22, 2009

TO ASSIST IN REGISTRATION, PLEASE FILL OUT ALL OF THE INFORMATION ON THIS FORM COMPLETELY AND LEGIBLY

| | |
|--|--|
| Name: _____ | Agency Name _____ |
| Home Address: _____ | Work Address _____ |
| City _____ State ____ Zip _____ | City _____ State ____ Zip _____ |
| Home Phone: () _____ | Work Phone: () _____ |
| E-mail address: _____ | Title/Position: _____ |
| May we send confirmation to your e-mail: <input type="checkbox"/> YES <input type="checkbox"/> NO | *Agency Representative <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a FIRST TIME NEW: PATHS Conference Attendee? <input type="checkbox"/> YES <input type="checkbox"/> NO | Would you like to be a Moderator? Contact MaryBeth at: MGehrke@co.winnepago.wi.us <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a Chapter Officer? <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you a Board member of a State or Local Chapter? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Which office do you hold? | Name of Chapter: _____ |

FULL CONFERENCE Pre-Registration INCLUDES: Name badge (**NAME WILL BE WRITTEN AS ABOVE**), conference bag, conference program, admission to all concurrent workshops and general sessions, opening reception, breaks, meal functions, and admission to the annual business meeting.

DAILY CONFERENCE Pre-Registration INCLUDES: Name badge (**NAME WILL BE WRITTEN AS ABOVE**), conference bag, conference program, admission to all concurrent workshops and general sessions, breaks and meal functions for that day.

*AGENCY MEMBERSHIP entitles one person from that Agency to register as a member.

| EARLY BIRD RATES | | LATE REGISTRATION RATES | | What Special Assistance is needed? |
|--|-----------|---|-----------|---|
| (Postmarked on or before August 1, 2009) | | (Postmarked after August 1, 2009) | | |
| <input type="checkbox"/> Full Conference Member | \$ 250 | <input type="checkbox"/> Full Conference Member | \$ 280 | <input type="checkbox"/> Vegetarian Meal <input type="checkbox"/> Wheel chair <input type="checkbox"/> Other: |
| <input type="checkbox"/> Full Conference NON-Member | \$ 285** | <input type="checkbox"/> Full Conference NON-Member | \$ 315** | |
| <input type="checkbox"/> Daily Rate Member | \$ 110*** | <input type="checkbox"/> Daily Rate Member | \$ 125*** | |
| <input type="checkbox"/> Daily Rate NON-member | \$ 125 | <input type="checkbox"/> Daily Rate NON-member | \$ 140 | |
| **Includes one year membership ***If you are a DAILY attendee, please indicate the day you will be attending: | | | | |

PAYMENT BY PERSONAL CHECK WILL BE ACCEPTED UNTIL 8/1/09. AFTER 8/1/09, PAYMENT MUST BE MADE BY CREDIT CARD, MONEY ORDER, CASHIERS CHECK OR PURCHASE ORDER

| | |
|--|---------------------|
| CHARGE TO <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD # _____ | EXPIRATION DATE / / |
| BILLING ADDRESS: | |
| SIGNATURE: | |
| COMPLETE AND SEND THIS FORM WITH PAYMENT TO: NEW PATHS, P.O. BOX 371 PAW CREEK, NC 28130-0371 OR FAX TO 1-704-392-7390 - - - PLEASE REMEMBER YOUR EXPIRATION DATE | |

CANCELLATIONS:

All cancellations & changes must be in writing. There is a \$30 fee for refund requests postmarked by 8/1/2009. No refunds will be issued for cancellations & change requests postmarked after 8/1/2009

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| If you have questions - contact: Katrina Henderson: 1-888-283-6392 Email: new@nationalnew.org | For information about the Conference go to the Web Site for NEW: PATHS at www.nationalnew.org | |
| FOR NEW USE ONLY | MEMBER | RECEIPT # |
| DATE RECEIVED | AMOUNT RECEIVED | PO# |
| CHECK # | CHECK DATE | INVOICE # |